STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155781	A. BUILDING 00 B. WING	12/19/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGCREST NURSING AND MEMORY CARE CENTER	915 S 27 ST SOUTH BEND, IN 46615

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	This visit was for Recertification and State Licensure Survey. Survey date: December 17, 18, and 19, 2012 Facility number:012199 Provider number:155781 AIM number: 200989880 Survey team: Shelly Miller-Vice, RN-TC Deb Kammeyer, RN Lora Swanson, RN Shauna Carlson, RN Julie Wagoner, RN (12/17 & 18/ 2012) Census bed type: SNF: 12 NF: 7 Total: 19 Census payor type: Medicare: 2 Medicaid: 7 Private: 10 Total: 19 This deficiency reflects state findings cited in accordance with 410 IAC 16.2.	F0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Quality Review completed on December 28, 2012, by Brenda Meredith, R.N.			

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F0156 SS=A	483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing. The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section. The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate. The facility must furnish a written description of legal rights which includes:			

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	A description of the manner of protecting personal funds, under paragraph (c) of this section; A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels. A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements. The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the			

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	individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law. The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care. The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.			
	Based on record review and interview the facility failed to ensure that 2 of 3 residents reviewed for discharge from Medicare services received notification in a timely manner. (Resident #26 and Resident #23) Findings include: During an interview on 12-18-12 at 10:35 a.m., the Administrator indicated the facility did not have a policy regarding Liability Notice. The administrator explained that Form Instructions CMS 10123-NOMNC, (Center for Medicare Services 10123-Notice of Medicare Non-Coverage), Approved 12-31-12, is the document used to guide the staff when a notice was given to a resident regarding Medicare Non-Coverage. The form entitled,	F0156	We are unable to correct the deficiency related to the residents cited since it has already ocurred, and residents #23 and #26 have been discharged.Other residents who had the potential to be affected were identified by a facility audit during the weekly Medicare meeting.Staff members responsible for timely notification of Medicare noncoverage reviewed the CMS 10123-NOMNC Form instructions. Staff members acknowledged understanding of the requirement.The condition and status of residents receiving Medicare Part A Services is reviewed during the weekly Medicare Meeting. If it is determined that a resident is no longer eligible to receive Medicare Part A Services, a determination will be made regarding the date of proper notification and last covered day	01/09/2013

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	Form Instruction for the Notice of Medicare Non-Coverage (NOMNC) CMS-10123, indicated a medicare provider must give an advanced, completed copy of the NOMNC to beneficiaries receiving skilled nursing, home health, comprehensive outpatient rehabilitation facility, and hospice service not later than two days before the termination of services. On 7-18-12 at 10:45 a.m., the NOMNC forms were received from the Administrator and were reviewed. The OMB Approval No. 0938-0953 form (control number) , entitled Notice of Medicare Non-Coverage, for Resident # 23 indicated, "The effective date coverage of your current medicare skilled services will end: 08/14/2012." The form was signed on 8-21-12. The OMB Approval No. 0938-0953 form, entitled Notice of Medicare Non-Coverage, for Resident #26 indicated, "The effective date coverage of your current services will end: 10-4-2012." The form was signed 10-5-12. 3.1-4(a)		ensuring that at least two-days notice is given.. The MDS Coordinator will then generate the notification letter and submit it to the Social Worker. The Social Worker or designee will notify the beneficiary and/or responsible party of the date of noncoverage. The Social Worker or designee will document on the CMS 10123-NOMNC form the date the beneficiary and/or responsible party was notified which is at least two days in advance, as well as have the notification signed timely.Documentation of the notices will be reviewed weekly during the weekly Quality Assurance Team Meetings to ensure proper and timely notification. The team will review the documentation weekly for one month, and then quarterly thereafter. The Social Worker, MDS Coordinator and Administrator are responsible to monitor to ensure compliance.	

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